

SENATOR SHELLEY MOORE CAPITO

Flag Request Form

Name:			F	Home Phone:	
Address:					
				Work Phone:	
City/State/Zi				Email Address:	
RECIPIEN'	T INFORMATI	ON (Where w	ve will mail the flag)		
Recipient's l	Name				-
Recipient's A	Address				-
Recipient's (City/State/Zip				-
FLAG CER	TIFICATE IN	FORMATION	Ţ		
Date to be F	lown:				
•		•	ion of someone or to com accompanying certificate,	memorate a particular event please indicate below:	or occasion and would
Name:					
Occasion:					
TYPE AND	PRICING				
<u>Quantity</u>	<u>Size</u>	<u>Fabric</u>	Total Cost Each	<u>Totals</u>	
	3x5	Nylon	\$14.00		
	3x5	Cotton	\$15.00		
	5x8	Nylon	\$24.00		
	5x8	Cotton	\$27.00		
	Flying Fee		\$5.00		
			C1 T-4-	1.	

Check or money order must be payable to <u>The Keeper of the Stationery</u>. Requests and payments should be mailed to:

Senator Shelley Moore Capito Russell Courtyard 5 Washington, D.C. 20510